

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000103486

FILED
Apr 29, 2009
Secretary of State

Entity Name: FORT LAUDERDALE PSYCHIATRIC SERVICES, P.A.

Current Principal Place of Business:

New Principal Place of Business:

4613 N. UNIVERSITY DR.
573
CORAL SPRINGS, FL 33067

Current Mailing Address:

New Mailing Address:

4613 N. UNIVERSITY DR.
573
CORAL SPRINGS, FL 33067

FEI Number: 26-1086832 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CASTELLON, ALBERT PRES
4613 N UNIVERSITY DR
573
CORAL SPRINGS, FL 33067 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CASTELLON, ALBERT F
Address: 4613 N. UNIVERSITY DR., #573
City-St-Zip: CORAL SPRINGS, FL 33067

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: HASSAN, HAMLET R
Address: 4613 N. UNIVERSITY DR., #573
City-St-Zip: CORAL SPRINGS, FL 33067

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERT CASTELLON

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date